

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-629)

SERIAL NO.

FILING DATE

APPLICANT/ET

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	NO.	DEP.	NO.	DEP.	NO.	DEP.
1	/		/			
2	/					
3	/					
4	/					
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48	/					
49	/					
50	/					
TOTAL NO.	3					
TOTAL DEP.	29	→	→	→	→	→
TOTAL FEE	32	1221281	1553251	1553251	1221281	1221281

NO.	DEP.	NO.	DEP.	NO.	DEP.
61					
62					
63					
64					
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100					
TOTAL NO.					
TOTAL DEP.					
TOTAL FEE	32	1221281	1553251	1553251	1221281

DESI AVAILABLE CUT